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## BIB DATA SHEET

CONFIRMATION NO. 5136

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS   | GROUP ART UNIT   | ATTORNEY DOCKET<br>NO. |
|--|---|---|--|------------------------|
| 10/714,917   | 11/18/2003  | 375   | 2621   | 2003_1662A             |
| <b>RULE</b>  |   |   |  |                        |
| <b>APPLICANTS</b><br>Yasuhiro Mori, Izumi-shi, JAPAN;<br>Ichiro Okabayashi, Ikoma-shi, JAPAN;<br>Masaki Yamauchi, Ibaraki-shi, JAPAN;<br>Akihiro Kawabata, Daito-shi, JAPAN;   |   |   |  |                        |
| <b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2002-341292 11/25/2002<br>JAPAN 2003-167825 06/12/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>02/12/2004  |   |   |  |                        |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>/DANIEL T. TEKLE/</u><br>Examiner's Signature |   | <input type="checkbox"/> Met after Allowance<br>D.T. Initials |  |                        |
| STATE OR COUNTRY   |   | SHEETS DRAWINGS   | TOTAL CLAIMS   | INDEPENDENT CLAIMS     |
| JAPAN  |   | 57  | 40   | 10                     |
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| <b>TITLE</b><br>Short film generation/reproduction apparatus and method thereof  |   |   |  |                        |
| <b>FILING FEE RECEIVED</b><br>1732   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   | <input type="checkbox"/> All Fees                            |                        |
|  |   |   | <input type="checkbox"/> 1.16 Fees (Filing)                  |                        |
|  |   |   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                        |
|  |   |   | <input type="checkbox"/> 1.18 Fees (Issue)                   |                        |
|  |   |   | <input type="checkbox"/> Other _____                         |                        |
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